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HOVEY WILLIAMS LLP 10801 Mastin Blvd., Suite 1000 Overland Park, KS 66210				I he Star add tran	I hereby certify that this Feeds (Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facismite transmitted to the USPTO (\$71) 273-2885, on the date indicated below.				
								(Depositor's name)	
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								(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/765,029	01/26/2004			Michael L, O'Halloran		22299RE1		1988	
TITLE OF INVENTION:	WIDE CUT HARVES	TER H	AVING ROTARY	CUTTER BED					
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510		\$0	\$0		\$1510	01/02/2009	
EXAMI	NER	ART UNIT		CLASS-SUBCLASS	]				
TORRES, ALICIA M		3671		056-006000					
Change of correspondence address or indication of "Fee Address" (37 FFR 1.563).      Change of correspondence address for Change of Correspondence Address for PTO/SB/12) attached.      The Address indication for "Fee Address" indication form PTO/SB/12) attached.      When the Address indication for The Address indication form PTO/SB/147, See 0.3-02 or more recent) attached. Use of a Custome Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attentneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent atterneys or agents. If no name is listed, no name will be printed.					
A. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
AGCO Corporation Duluth, GA									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are submitted:    Issue Fee				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.   Payment by Credit card. F					
5. Change in Entity Stat				D	1		CVTV 0 27 CI	2D 1 22(-)(2)	
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (required) will not be accepted from anyone other than the applicant; a registered autorney or agent; or the assignee or other party interest as shown by the recognition—that United Status Patient and Trademan Police.									
Authorized Signature	conde of the United Sta	tes Pat	ent and Trademan	Office.	Date	10/8	/2008		
Typed or printed name Stephen D. Timmons					Registration No. 26,513				

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